UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | |
|---|-----------------------------------|-----------------------|-----|-----------------|-------------|
| 1 Date of Request: 5,918;323 2 Serial/Patent # 08/506,851 | | | | | |
| 3 Please refund the following fee(s): | | 4 PAP NUM | | 5 DATE FILED | 6 AMOUNT |
| | Filing | | | | \$ |
| | Amendment | | | | \$ |
| | Extension of Time | | | | \$ |
| | Notice of Appeal/Appeal | | | | \$ |
| | Petition | | | | \$ |
| | Issue | | | | \$ |
| | Cert of Correction/Terminal Disc. | | | | \$ |
| V | Maintenance | 15 | | 8/25/03 | \$ 65. |
| | Assignment | | | | \$ |
| | Other | | | | \$ |
| | | 7 TOTAL AMOUNT \$ 65. | | | |
| | | 8 TO BE REFUNDED BY: | | | |
| 10 REASON: | | Treasury Check | | | |
| ✓ | Overpayment | | | redit Depo | osit A/C #: |
| | Duplicate Payment | | 9 1 | 30 | 200 |
| | No Fee Due (Explanation): | <u></u> | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 11 REFUND REQUESTED BY: | | | | | |
| TYPED/PRINTED NAME: Re Ha Williams TITLE: Paralogal | | | | | |
| SIGNATURE: Retta Williams PHONE: 306-5594 | | | | | |
| office: <u>Petitions</u> | | | | | |
| THIS SPACE RESERVED FOR FINANCE USE ONLY: | | | | | |
| APPROVED: Ulun Kull DATE: 8/29/03 | | | | | |
| | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B